24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Local Voices	C C00531624	
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay	
Full Name of Payee	Date of Public Distribution/Dissemination	
Facebook	09 28 2016	
Mailing Address 1 Hacker Way	Amount	
City State Zip Code	1000.00	
Menlo Park CA 94025-1456	Transaction ID : D528934 Date of Disbursement or Obligation	
Purpose of Expenditure Online advertising (Estimated Amount) Category/ Type	09 26 / 2016	
Name of Federal Candidate Support Office	e Sought: House District: 00	
Hillary R Clinton Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary	
Full Name of Payee	Date of Public Distribution/Dissemination	
NCC Media	09 29 / 2016	
Mailing Address 405 Lexington Ave., 6th Floor	Amount	
City State Zip Code	152575.00	
New York NY 10174	Transaction ID : D529006 Date of Disbursement or Obligation	
Purpose of Expenditure Media time buy Category/ Type	09 / 28 / 2016	
Name of Federal Candidate Support Office	ee Sought: House District: 00	
Hillary R Clinton Oppose		
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	153575.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) COLICINE OF CHICAMETER HASPONGON EXPONENTIAL COMMISSION CONTRACTOR CONTRA	1 1 4 1 1 4 1 1 4	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
[Electronically Filed] Date	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Local Voices		C C00531624
Check if 24-hour report	t Amends report filed	i on M M / D D / Y Y Y Y
Full Name of Payee Facebook		Date of Public Distribution/Dissemination
Facebook		09
Mailing Address 1 Hacker Way		Amount
City State Z	Zip Code	2000.00
Menlo Park CA S	94025-1456	Transaction ID : D529062 Date of Disbursement or Obligation
Purpose of Expenditure Digital media buy - estimated cost	Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	✗ Support Offic	e Sought: House District: 00
Hillary R Clinton	Oppose x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	163735.00 Disb 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee WBBH-TV		Date of Public Distribution/Dissemination
WBBn-TV		09 / 29 / 2016
Mailing Address 3719 Central Ave		Amount
City State 2	Zip Code	8160.00
	33901	Transaction ID : D529063 Date of Disbursement or Obligation
Purpose of Expenditure Media time buy	Category/ Type	09 / 29 / 2016
Name of Federal Candidate	✗ Support Offic	e Sought: House District: 00
Hillary R Clinton	Oppose x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	163735.00 Disb 2016	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	10160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·	163735.00
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.	•	
Houston King [Electronic	ally Filed] Date	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	